

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PATRIOT VOICES PAC

ADDRESS (number and street)

315 Foxtail Lane

☐ Check if different than previously reported. (ACC)

Spring City

PA

19475

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528307

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

04

2014

in the State of

IA

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nadine Maenza

Signature of Treasurer

Nadine Maenza

[Electronically Filed]

Date

10

23

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PATRIOT VOICES PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 10 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		35337.65
(b) Cash on Hand at Beginning of Reporting Period.....	84994.70	
(c) Total Receipts (from Line 19)	38447.87	915177.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	123442.57	950514.70
7. Total Disbursements (from Line 31)	67532.13	894604.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55910.44	55910.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	45726.07	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PATRIOT VOICES PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
10	/	15	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5600.00

50173.00

(ii) Unitemized

20670.87

214502.48

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

26270.87

264675.48

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

26270.87

264675.48

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

233.14

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

12177.00

650268.43

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

38447.87

915177.05

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

38447.87

915177.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	36261.66	228649.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36261.66	228649.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9000.00
24. Independent Expenditures (use Schedule E)	10369.27	19794.50
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	20901.20	637160.23
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67532.13	894604.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67532.13	894604.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26270.87	264675.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26270.87	264675.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	36261.66	228649.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	233.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	36261.66	228416.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. EUGENE A. CHAMBERS SR.

Mailing Address P.O. BOX 460712

City State Zip Code
 GARLAND TX 75046-0712

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 13 / 2014

Transaction ID : SA11.115814

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JESSE TINER COPE III

Mailing Address 10208 W RANCHO DIEGO LANE

City State Zip Code
 CROWLEY TX 76036-

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2014

Transaction ID : SA11.117084

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. M. A. CUSTER

Mailing Address 5011 MONTICELLO COURT

City State Zip Code
 MIDLAND TX 79705-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

GEOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2014

Transaction ID : SA11.114706

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

<p>Full Name (Last, First, Middle Initial) A. MRS. BETTY LEE GARVER</p> <p>Mailing Address 154 N. BELLEFIELD AVENUE APARTMENT 95</p> <p>City PITTSBURGH State PA Zip Code 15213-2691</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>		<p>Date of Receipt 10 / 06 / 2014</p> <p>Transaction ID : SA11.114638</p> <p>Amount of Each Receipt this Period 300.00</p> <p>CONTRIBUTION</p>
<p>Full Name (Last, First, Middle Initial) B. MR. G. MILTON GOFF</p> <p>Mailing Address 3933 NOBLES MILL POND ROAD</p> <p>City ROCKY MOUNT State NC Zip Code 27801-8636</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt 10 / 10 / 2014</p> <p>Transaction ID : SA11.115528</p> <p>Amount of Each Receipt this Period 50.00</p> <p>CONTRIBUTION</p>
<p>Full Name (Last, First, Middle Initial) C. MRS. CAROL A. HENRICHS</p> <p>Mailing Address 13403 EDGE WOOD LANE</p> <p>City HIGHLAND State IL Zip Code 62249-3049</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt 10 / 08 / 2014</p> <p>Transaction ID : SA11.115255</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>850.00</p>

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. SAMUEL HUFFINES			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 07 / 2014</div> </div>	
Mailing Address 2805 WATERSIDE DRIVE			Transaction ID : SA11.117098	
City PLANO	State TX	Zip Code 75093-	Amount of Each Receipt this Period <div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			CONTRIBUTION	
Name of Employer HUFFINES AUTO DEALERSHIPS		Occupation AUTO DEALER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		

Full Name (Last, First, Middle Initial) B. MR. WILLIAM D. MORGAN			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 06 / 2014</div> </div>	
Mailing Address 3110 DEL RIO PIKE			Transaction ID : SA11.114641	
City FRANKLIN	State TN	Zip Code 37069-6761	Amount of Each Receipt this Period <div> <div>150.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			CONTRIBUTION	
Name of Employer BOYSHARDS SONS CO.		Occupation CUSTOMER SERVICE REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>350.00</div> </div>		

Full Name (Last, First, Middle Initial) C. MARTIN NEUENS			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 07 / 2014</div> </div>	
Mailing Address 4990 E PASEO DEL BAC			Transaction ID : SA11.117099	
City TUCSON	State AZ	Zip Code 85718-	Amount of Each Receipt this Period <div> <div>500.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			CONTRIBUTION	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div>		

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. ALLEN SIMON

Mailing Address 1383 N CRISS ST

City State Zip Code
 CHANDLER AZ 85226-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 07 / 2014

Transaction ID : SA11.117107

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JAMES WALKER

Mailing Address 224 SEALE AVENUE

City State Zip Code
 PALO ALTO CA 94301-

FEC ID number of contributing
federal political committee.

C

Name of Employer

WALKER SYSTEMS

Occupation

ELECTRONIC CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11.117088

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DR. CORNELIS G. WESSELING

Mailing Address 904 SANTA CRUZ COURT

City State Zip Code
 ROSEVILLE CA 95661-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11.116062

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. WILLIAM B. WRIGHT JR.

Mailing Address 1275 VALLEY VISTA LANE

City State Zip Code
 FOREST VA 24551-4366

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2014

Transaction ID : SA11.115278

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

5600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 48

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

<p>Full Name (Last, First, Middle Initial) A. MS. MARGARET L. ADAMS</p> <p>Mailing Address 8240 HEALY DR</p> <p>City MOBILE State AL Zip Code 36695-4919</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 730.00</p>			<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2014 Transaction ID : SA11.116682 </p> <p>Amount of Each Receipt this Period 100.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial) B. MR. JOSEPH BANO</p> <p>Mailing Address 1580 PELHAM PKWY S APT 6P</p> <p>City BRONX State NY Zip Code 10461-1144</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 Transaction ID : SA11.116681 </p> <p>Amount of Each Receipt this Period 100.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>Full Name (Last, First, Middle Initial) C. MR. LESTER M. BAUSTIAN</p> <p>Mailing Address 1370 60TH AVE</p> <p>City LUVERNE State MN Zip Code 56156-</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 295.00</p>			<p>Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2014 Transaction ID : SA11.116964 </p> <p>Amount of Each Receipt this Period 25.00</p> <p>CONTRIBUTION</p> <p>NON CONTRIBUTION ACCOUNT</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>225.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MR. EDWIN W. BIEDERMAN Full Name (Last, First, Middle Initial) Mailing Address 1651 DOGWOOD CIR City STATE COLLEGE State PA Zip Code 16803-3228 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>			Date of Receipt <input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> Transaction ID : SA11.116978 Amount of Each Receipt this Period <input type="text" value="20.00"/> CONTRIBUTION NON CONTRIBUTION ACCOUNT
B. MRS. JULIE M. BOSTWICK Full Name (Last, First, Middle Initial) Mailing Address 5819 N VISTA LN City SPOKANE State WA Zip Code 99212- FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="275.00"/>			Date of Receipt <input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> Transaction ID : SA11.116773 Amount of Each Receipt this Period <input type="text" value="100.00"/> CONTRIBUTION NON CONTRIBUTION ACCOUNT
C. MS. MARY R. BROADFIELD Full Name (Last, First, Middle Initial) Mailing Address 200 CONCORD DR City NORMAL State IL Zip Code 61761-2755 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="205.00"/>			Date of Receipt <input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> Transaction ID : SA11.116843 Amount of Each Receipt this Period <input type="text" value="35.00"/> CONTRIBUTION NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)..... ▶			<input type="text" value="155.00"/>
TOTAL This Period (last page this line number only)..... ▶			<input type="text"/>

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 48

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. WALTER B. BURMEISTER

Mailing Address 5314 S SPRINGFIELD AVE

City State Zip Code
 CHICAGO IL 60632-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11.116680

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MR. MARK F. CUMMINGS

Mailing Address 6123 N. FRANCISCO AVENUE

City State Zip Code
 CHICAGO IL 60659-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11.116679

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. MS. GRETA I. ERDMAN

Mailing Address 13425 W OLD OAK LN.

City State Zip Code
 NEW BERLIN WI 53151-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11.116783

Amount of Each Receipt this Period

25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. WALTER EVANS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 06 / 2014 Transaction ID : SA11.116961	
Mailing Address 4720 SHERIDAN AVE.		Amount of Each Receipt this Period 25.00	
City METAIRIE	State LA	Zip Code 70002-1352	CONTRIBUTION NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
Full Name (Last, First, Middle Initial) B. MR. RAYMOND N. FINK		Date of Receipt M M / D D / Y Y Y Y Y 10 / 06 / 2014 Transaction ID : SA11.116718	
Mailing Address P.O. BOX 134		Amount of Each Receipt this Period 120.00	
City WILLIAMSTON	State MI	Zip Code 48895-0134	CONTRIBUTION NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 555.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00		
Full Name (Last, First, Middle Initial) C. MS. ELEANOR M. GEBHARDT		Date of Receipt M M / D D / Y Y Y Y Y 10 / 06 / 2014 Transaction ID : SA11.116836	
Mailing Address 34 WHALERS CV.		Amount of Each Receipt this Period 35.00	
City BABYLON	State NY	Zip Code 11702-2924	CONTRIBUTION NON CONTRIBUTION ACCOUNT
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		
SUBTOTAL of Receipts This Page (optional)..... ▶		180.00	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MRS. BARBARA A. GILLIATT

Mailing Address 217 E COUNTY ROAD 250 S

City	State	Zip Code
PAOLI	IN	47454-8301

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11.116749

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MR. PAUL P. GOODMAN

Mailing Address 99 S SERVICE RD
 APT 402

City	State	Zip Code
NORTH HILLS	NY	11040-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

10 / 06 / 2014

Transaction ID : SA11.116960

Amount of Each Receipt this Period

25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. B J GRAMLICH

Mailing Address 11000 STIGLOR HL. RD.

City	State	Zip Code
VANCLEAVE	MS	39565-7718

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11.116954

Amount of Each Receipt this Period

25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. CHARLES L. HAMMOND

Mailing Address 404 STEVENSON ST

City State Zip Code
SAYRE PA 18840-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 06 2014

Transaction ID : SA11.116659

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MR. LUMAN W. HOLMAN

Mailing Address P.O. BOX 1528

City State Zip Code
JACKSONVILLE TX 75766-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LOGGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 14 2014

Transaction ID : SA11.116725

Amount of Each Receipt this Period

25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. MR. LUMAN W. HOLMAN

Mailing Address P.O. BOX 1528

City State Zip Code
JACKSONVILLE TX 75766-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LOGGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 08 2014

Transaction ID : SA11.116755

Amount of Each Receipt this Period

50.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 17 OF 48
 (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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 NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

 Full Name (Last, First, Middle Initial)
A. LA VERA M. HOPKINS

Mailing Address 2816 SUMTER AVE

City	State	Zip Code
MONTGOMERY	AL	36109-2008

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : SA11.117006

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT CHARGED BACK

 Full Name (Last, First, Middle Initial)
B. MS. MARY HUNTER

Mailing Address 90 WAGNER DR.

City	State	Zip Code
CARLISLE	PA	17013-

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SA11.116683

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

 Full Name (Last, First, Middle Initial)
C. MS. PAULINE B. JONES

 Mailing Address 3091 MILL VISTA RD
 UNIT 1013

City	State	Zip Code
HIGHLANDS RANCH	CO	80129-2420

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2014

Transaction ID : SA11.116674

Amount of Each Receipt this Period

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. FRANCE KENYON Full Name (Last, First, Middle Initial) Mailing Address 701 MANATEE CV City VERO BEACH State FL Zip Code 32963-3730 FEC ID number of contributing federal political committee. C Name of Employer SELF EMPLOYED Occupation MARKETING/SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2014 Transaction ID : SA11.116986 Amount of Each Receipt this Period 200.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
B. MRS. LOUIS KNOELL Full Name (Last, First, Middle Initial) Mailing Address 113 LAUREL BEND DR City MERIDIANVILLE State AL Zip Code 35759-2218 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2014 Transaction ID : SA11.116763 Amount of Each Receipt this Period 50.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
C. MR. CRAIG H. LAMPE Full Name (Last, First, Middle Initial) Mailing Address 14144 W VALLEY VIEW DR City LITCHFIELD PARK State AZ Zip Code 85340-5052 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 485.00		Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2014 Transaction ID : SA11.116678 Amount of Each Receipt this Period 100.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)..... ▶		350.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 48

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. MS. SARA B. LEACH

Mailing Address 3002 HEATHERPARK DR.

City
KINGWOOD

State
TX

Zip Code
77345-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA11.116671

Amount of Each Receipt this Period

75.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. MS. ALICE O. LEBEWOHL

Mailing Address 5500 CALLE REAL BLDG A129
BLDG A129

City
SANTA BARBARA

State
CA

Zip Code
93111-

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11.116776

Amount of Each Receipt this Period

200.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. MS. MARIE D. MASTERS

Mailing Address P.O. BOX 302

City
WEBSTER

State
WI

Zip Code
54893-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.116766

Amount of Each Receipt this Period

65.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. MS. MARGARET B. MCCARTY Full Name (Last, First, Middle Initial) Mailing Address 3535 KIRBY RD APT C415 City MEMPHIS State TN Zip Code 38115-7725 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2014 Transaction ID : SA11.116829 Amount of Each Receipt this Period 30.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
B. MS. TRUDY MCCORY Full Name (Last, First, Middle Initial) Mailing Address 426 PARKWOOD DR City PRATTVILLE State AL Zip Code 36067-4025 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 590.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2014 Transaction ID : SA11.116721 Amount of Each Receipt this Period 180.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
C. MS. SHEILA MERESAK Full Name (Last, First, Middle Initial) Mailing Address 4474 BUTLER HL. RD APT 305 City SAINT LOUIS State MO Zip Code 63128- FEC ID number of contributing federal political committee. C Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2014 Transaction ID : SA11.116667 Amount of Each Receipt this Period 60.00 CONTRIBUTION NON CONTRIBUTION ACCOUNT
SUBTOTAL of Receipts This Page (optional)..... ▶		270.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. JENNIE S. MILAZZO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 Transaction ID : SA11.116953	
Mailing Address 515 OVINGTON AVE APT 4K City BROOKLYN State NY Zip Code 11209-1753		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED Occupation RETIRED		NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) B. MS. ADRIANA MILIUSIS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2014 Transaction ID : SA11.116840	
Mailing Address 6141 PEBBLE DR City ALLENDALE State MI Zip Code 49401-		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED Occupation RETIRED		NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. MR. CHARLES D. MISSAR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2014 Transaction ID : SA11.116719	
Mailing Address 5420 CONNECTICUT AVE. NW CHEVY CHASE HOUSE RM. 420 City WASHINGTON State DC Zip Code 20015-2800		Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer RETIRED Occupation RETIRED		NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 410.00	
SUBTOTAL of Receipts This Page (optional)..... ▶		190.00	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. HELEN A. MITCHELL		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 Transaction ID : SA11.116673
Mailing Address 301 WHITE OAK DR APT 253		Amount of Each Receipt this Period 75.00
City SANTA ROSA	State CA	Zip Code 95409-5948
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. MR. JOHN OGRADY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2014 Transaction ID : SA11.116767
Mailing Address 61-8 MEETINGHOUSE VLG		Amount of Each Receipt this Period 75.00
City MERIDEN	State CT	Zip Code 06450-6767
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. MR. DALE OYHUS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2014 Transaction ID : SA11.116775
Mailing Address 13973 FRANKS CREEK RD		Amount of Each Receipt this Period 160.00
City MEDORA	State ND	Zip Code 58645-9700
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF EMPLOYED	Occupation RANCHER	NON CONTRIBUTION ACCOUNT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. ROBERT W. PETTIT

Mailing Address 3121 N. 103RD STREET

City State Zip Code
MILWAUKEE WI 53222-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11.116830

Amount of Each Receipt this Period

30.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MRS. NANCY PIEHL

Mailing Address 871 BURR OAK TRL

City State Zip Code
WHITEWATER WI 53190-2961

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11.116772

Amount of Each Receipt this Period

100.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C. MS. CHARLENE L. PITTS

Mailing Address 1002 OAK DR

City State Zip Code
DURANGO CO 81301-4423

FEC ID number of contributing
federal political committee.

C

Name of Employer

DURANGO COCA COLA

Occupation

CLERICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11.116774

Amount of Each Receipt this Period

150.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MR. MELVIN A. RIES		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 01 / 2014</div> </div>	
Mailing Address 3585 ROUND BARN BLVD APARTMENT 329		Transaction ID : SA11.116699	
City SANTA ROSA	State CA	Zip Code 95403-0145	Amount of Each Receipt this Period <div> <div></div> <div>25.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>250.00</div> </div>		
Full Name (Last, First, Middle Initial) B. MR. JERRY T. ROTAN		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 01 / 2014</div> </div>	
Mailing Address 9821 PONDEROSA LN		Transaction ID : SA11.116687	
City SAN ANGELO	State TX	Zip Code 76904-2535	Amount of Each Receipt this Period <div> <div></div> <div>120.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation COORDINATOR	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>465.00</div> </div>		
Full Name (Last, First, Middle Initial) C. MR. ROY SENDER		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 08 / 2014</div> </div>	
Mailing Address 1019 W CAMINO DEL DESIERTO		Transaction ID : SA11.116703	
City GREEN VALLEY	State AZ	Zip Code 85614-4758	Amount of Each Receipt this Period <div> <div></div> <div>25.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div></div> <div>250.00</div> </div>		
SUBTOTAL of Receipts This Page (optional)..... ▶		<div> <div></div> <div>170.00</div> </div>	
TOTAL This Period (last page this line number only)..... ▶		<div> <div></div> <div></div> </div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial) A. MS. MARY J. STEMMER		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 03 / 2014</div> </div>	
Mailing Address 5656 MIDFOREST LN		Transaction ID : SA11.116835	
City CINCINNATI	State OH	Zip Code 45233-1903	Amount of Each Receipt this Period <div> <div>Amount</div> <div>35.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>205.00</div> </div>		
Full Name (Last, First, Middle Initial) B. MR. KENNETH J. STUDEMAN		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 09 / 2014</div> </div>	
Mailing Address 65523 N CENTERVILLE RD		Transaction ID : SA11.116987	
City STURGIS	State MI	Zip Code 49091-9148	Amount of Each Receipt this Period <div> <div>Amount</div> <div>250.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>1330.00</div> </div>		
Full Name (Last, First, Middle Initial) C. MS. JANINE L. WALLIN		Date of Receipt <div> <div>MM / DD / YYYY</div> <div>10 / 03 / 2014</div> </div>	
Mailing Address 102 N PIERCE AVE		Transaction ID : SA11.116672	
City WHEATON	State IL	Zip Code 60187-4632	Amount of Each Receipt this Period <div> <div>Amount</div> <div>75.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>		CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	NON CONTRIBUTION ACCOUNT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div> <div>Amount</div> <div>245.00</div> </div>		
SUBTOTAL of Receipts This Page (optional)..... ▶		<div> <div>Amount</div> <div>360.00</div> </div>	
TOTAL This Period (last page this line number only)..... ▶		<div> <div>Amount</div> <div></div> </div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 48
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)
A. MR. THOMAS R. WILSON

Mailing Address 985 ORMA DR

City State Zip Code
SAN DIEGO CA 92106-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11.116873

Amount of Each Receipt this Period

20.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
B. MS. KAY WISE

Mailing Address 14835 SE 172ND PL.

City State Zip Code
RENTON WA 98058-8806

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.116957

Amount of Each Receipt this Period

25.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

3480.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMBASSADOR ACCOUNTING, INC.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	4		

Mailing Address 7521 PRESIDENTIAL LANE

City	State	Zip Code
MANASSAS	VA	20109

Transaction ID : SB21B.I969Purpose of Disbursement
PAC ACCOUNTING SERVICES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

132.50

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	1	4		

Mailing Address 1445 A LAUGHLIN AVENUE

City	State	Zip Code
MCLEAN	VA	22101

Transaction ID : SB21B.I983Purpose of Disbursement
PAC BANK FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	8			2	0	1	4		

Mailing Address 1445 A LAUGHLIN AVENUE

City	State	Zip Code
MCLEAN	VA	22101

Transaction ID : SB21B.I985Purpose of Disbursement
PAC BANK FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

30.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

172.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 02 2014

Transaction ID : SB21B.I979

Amount of Each Disbursement this Period

23144.21

B. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PAC DIRECT MAIL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 09 2014

Transaction ID : SB21B.I981

Amount of Each Disbursement this Period

8336.58

C. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 01 2014

Transaction ID : SB21B.I986

Amount of Each Disbursement this Period

47.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31527.79

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. STRIPE

Three 7-segment displays showing the date 10/15/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' labels above the segments. The second display shows '15' with 'D' labels above the segments. The third display shows '2014' with 'Y' labels above the segments.

Mailing Address 3180 18TH STREET

City	State	Zip Code
SAN FRANCISCO	CA	94110

Transaction ID : SB21B.I977

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.77

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SUNRISE DATA SERVICES

Date of Disbursement

M M / D D / Y Y Y Y
10 09 2014

Mailing Address 44845 FALCON PLACE
SUITE 101A

City	State	Zip Code
DULLES	VA	20166

Transaction ID : SB21B.I982

Purpose of Disbursement	
PAC LIST SERVICES	

Candidate Name	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
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30	30
31	31
32	32
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34	34
35	35
36	36
37	37
38	38
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40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Category/
Type

Amount of Each Disbursement this Period

Age Group	Number of People
0-14	10
15-24	10
25-34	180
35-44	10
45-54	10
55-64	10
65-74	120
75-84	10
85-94	10
95-104	10

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

195.77

TOTAL This Period (last page this line number only).....

36249.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB29.I966

Amount of Each Disbursement this Period

29.76

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 150 N. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

Transaction ID : SB29.I963

Amount of Each Disbursement this Period

534.50

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
PAC BANK FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB29.I965

Amount of Each Disbursement this Period

280.94

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

845.20

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 48

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

Full Name (Last, First, Middle Initial)

A. PATRIOT VOICES, INC.

Mailing Address P.O. BOX 247

City VERONA State PA Zip Code 15147

Purpose of Disbursement
 DONATION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SB29.I968

Amount of Each Disbursement this Period

20000.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B. PNC

Mailing Address 825 N. WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
 PAC BANK FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SB29.I967

Amount of Each Disbursement this Period

36.00

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

C. USA AEPAY

Mailing Address 4929 WILSHIRE BLVD
 SUITE 800

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement
 PAC CREDIT CARD & MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 / 07 / 2014

Transaction ID : SB29.I964

Amount of Each Disbursement this Period

20.00

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20056.00

20901.20

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 OF 48

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NADINE MAENZA

Nature of Debt (Purpose):

MGMT & FUNDRAISING CONSULTING

Mailing Address 315 FOXTAIL LANE

City State

SPRING CITY

Zip Code

PA

19475

Outstanding Balance Beginning This Period

7300.00

Transaction ID : SD10.60101

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ACTIVE ENGAGEMENT

Nature of Debt (Purpose):

EMAIL COMMUNICATION

Mailing Address 44084 RIVERSIDE PARKWAY

SUITE 350

City State

LANSDOWNE

Zip Code

VA

20176

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.60109

Amount Incurred This Period

1000.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CMDI

Nature of Debt (Purpose):

EMAIL COMMUNICATION/DATABASE SERVICES

Mailing Address 1593 SPRING HILL ROAD

SUITE 400

City

TYSONS CORNER

State

VA

Zip Code

22182

Outstanding Balance Beginning This Period

10598.67

Transaction ID : SD10.60102

Amount Incurred This Period

3077.04

Payment This Period

5596.23

Outstanding Balance at Close of This Period

8079.48

1) **SUBTOTALS** This Period This Page (optional)..... ►

17379.48

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 36 OF 48

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

COLON & COMPANYNature of Debt (Purpose):
MAILINGMailing Address 3405 EDLOE
SUITE 205ACity State Zip Code
HOUSTON TX 77027

Outstanding Balance Beginning This Period

2548.22

Transaction ID : SD10.60103

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2548.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DIRECTNature of Debt (Purpose):
IE DIRECT MAILMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City State Zip Code
ASHBURN VA 20147

Outstanding Balance Beginning This Period

12523.43

Transaction ID : SD10.60107

Amount Incurred This Period

0.00

Payment This Period

7914.65

Outstanding Balance at Close of This Period

4608.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DIRECTNature of Debt (Purpose):
DIRECT MAILMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City State Zip Code
ASHBURN VA 20147

Outstanding Balance Beginning This Period

43047.87

Transaction ID : SD10.60105

Amount Incurred This Period

495.94

Payment This Period

31480.57

Outstanding Balance at Close of This Period

12063.24

1) **SUBTOTALS** This Period This Page (optional)..... ►

19220.24

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 37 OF 48

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
PATRIOT VOICES PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

KOCH & HOOS

Nature of Debt (Purpose):

ACCOUNTING & COMPLIANCE SERVICES

Mailing Address 901 N. WASHINGTON STREET
SUITE 700City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

7311.35

Transaction ID : SD10.60104

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7311.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUNRISE DATA SERVICES

Nature of Debt (Purpose):

LIST EXPENSE

Mailing Address 44845 FALCON PLACE
SUITE 101ACity State Zip Code
DULLES VA 20166

Outstanding Balance Beginning This Period

1695.00

Transaction ID : SD10.60106

Amount Incurred This Period

310.00

Payment This Period

190.00

Outstanding Balance at Close of This Period

1815.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

9126.35

2) **TOTALS** This Period (last page this line number only)..... ►

45726.07

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

45726.07

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 38 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00528307</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee ACTIVE ENGAGEMENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; width: 40px; text-align: center;">08</div> / <div style="display: inline-block; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>		
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">333.34</div>		
City LANSDOWN		State VA	Zip Code 20176		Transaction ID : SE.00001
Purpose of Expenditure 8/7/14 EMAIL COMMUNICATION		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate Terri Lynn Land			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3222.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee ACTIVE ENGAGEMENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; width: 40px; text-align: center;">08</div> / <div style="display: inline-block; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>		
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">333.33</div>		
City LANSDOWN		State VA	Zip Code 20176		Transaction ID : SE.00002
Purpose of Expenditure 8/7/14 EMAIL COMMUNICATION		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate Joni Ernst			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">6615.57</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">666.67</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="text-align: right;">Nadine Maenza</div>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; width: 40px; text-align: center;">23</div> / <div style="display: inline-block; width: 80px; text-align: center;">2014</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 48
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC			FEC IDENTIFICATION NUMBER ▼ C C00528307		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee ACTIVE ENGAGEMENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">333.33</div>		
City LANSDOWN		State VA	Zip Code 20176		Transaction ID : SE.00003
Purpose of Expenditure 8/7/14 EMAIL COMMUNICATION		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Cory Gardner			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8480.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee CMDI			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">706.61</div>		
City TYSONS CORNER		State VA	Zip Code 22182		Transaction ID : SE.00004
Purpose of Expenditure 8/27/14 EMAIL COMMUNICATION		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Cory Gardner			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8480.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1039.94</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nadine Maenza</u>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00528307</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee CMDI			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 07 / 2014</div>		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">237.58</div>		
City TYSONS CORNER		State VA	Zip Code 22182		Transaction ID : SE.00005
Purpose of Expenditure 8/7/14 EMAIL COMMUNICATION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 07 / 2014</div>	
Name of Federal Candidate Terri Lynn Land			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3222.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CMDI			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 07 / 2014</div>		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">237.58</div>		
City TYSONS CORNER		State VA	Zip Code 22182		Transaction ID : SE.00006
Purpose of Expenditure 8/7/14 EMAIL COMMUNICATION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 07 / 2014</div>	
Name of Federal Candidate Joni Ernst			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6615.57</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">475.16</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Nadine Maenza			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2014</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 48
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC			FEC IDENTIFICATION NUMBER ▼ C C00528307		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee CMDI			Date of Public Distribution/Dissemination 08 / 07 / 2014		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount 237.59		
City TYSONS CORNER		State VA	Zip Code 22182		
Purpose of Expenditure 8/7/14 EMAIL COMMUNICATION		Category/Type 		Transaction ID : SE.00007 Date of Disbursement or Obligation 10 / 07 / 2014	
Name of Federal Candidate Cory Gardner			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: CO		
Calendar Year-To-Date Per Election for Office Sought 8480.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee CMDI			Date of Public Distribution/Dissemination 08 / 04 / 2014		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount 8.36		
City TYSONS CORNER		State VA	Zip Code 22182		
Purpose of Expenditure 8/4/14 EMAIL COMMUNICATION		Category/Type 		Transaction ID : SE.00008 Date of Disbursement or Obligation 10 / 07 / 2014	
Name of Federal Candidate John Moolenaar			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: MI		
Calendar Year-To-Date Per Election for Office Sought 46.51			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			245.95		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nadine Maenza</u>			Date 10 / 23 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 48
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC			FEC IDENTIFICATION NUMBER ▼ C C00528307		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

Full Name of Payee CMDI			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2014		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount <div style="border: 1px solid black; padding: 2px;">8.37</div>		
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SE.00009		
Purpose of Expenditure 8/4/14 EMAIL COMMUNICATION		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014		
Name of Federal Candidate Terri Lynn Land			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">250.57</div>					

Full Name of Payee CMDI			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2014		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount <div style="border: 1px solid black; padding: 2px;">10.62</div>		
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SE.00010		
Purpose of Expenditure 8/6/14 EMAIL COMMUNICATION		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014		
Name of Federal Candidate Weston Wamp			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">59.43</div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18.99</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

10

23

2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 48
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ C C00528307
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CMDI		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 12 / 2014
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount 7.91
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Expenditure 8/12/14 EMAIL COMMUNICATION	Category/Type	Transaction ID : SE.00011 Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate Glenn Grothman	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 77.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee HSP DIRECT		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300		Amount 1652.93
City ASHBURN	State VA	Zip Code 20147
Purpose of Expenditure 9/11/14 DIRECT MAIL	Category/Type	Transaction ID : SE.00012 Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2001
Name of Federal Candidate Mike McFadden	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 2087.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1660.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 44 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00528307</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee HSP DIRECT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2087.24</div>	
City ASHBURN		State VA	Zip Code 20147	
Purpose of Expenditure 9/11/14 DIRECT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : SE.00013 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2001</div>
Name of Federal Candidate Terri Lynn Land			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3222.99</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee HSP DIRECT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2087.24</div>	
City ASHBURN		State VA	Zip Code 20147	
Purpose of Expenditure 9/11/14 DIRECT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : SE.00014 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2001</div>
Name of Federal Candidate Steve Daines			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2130.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4174.48</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Nadine Maenza</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2014</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC			FEC IDENTIFICATION NUMBER ▼ C C00528307		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee HSP DIRECT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 20130 LAKEVIEW CENTER PLAZA SUITE 300			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2087.24</div>		
City ASHBURN		State VA	Zip Code 20147		Transaction ID : SE.00015
Purpose of Expenditure 9/11/14 DIRECT MAIL		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2001</div>	
Name of Federal Candidate Joni Ernst			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6615.57</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CMDI [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 07 / 2014</div>		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">231.50</div>		
City TYSONS CORNER		State VA	Zip Code 22182		Transaction ID : SE.00016
Purpose of Expenditure 10/7/14 EMAIL COMMUNICATION		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Name of Federal Candidate Joni Ernst			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6615.57</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2087.24</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nadine Maenza</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00528307 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee CMDI [MEMO ITEM] Mailing Address 1593 SPRING HILL ROAD SUITE 400 City TYSONS CORNER State VA Zip Code 22182 Purpose of Expenditure 10/7/14 EMAIL COMMUNICATION Category/Type	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div> 10 / 07 / 2014 Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 231.50 </div> Transaction ID : SE.00017 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Name of Federal Candidate Terri Lynn Land	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 3222.99 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CMDI [MEMO ITEM] Mailing Address 1593 SPRING HILL ROAD SUITE 400 City TYSONS CORNER State VA Zip Code 22182 Purpose of Expenditure 10/7/14 EMAIL COMMUNICATION Category/Type	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div> 10 / 07 / 2014 Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 231.50 </div> Transaction ID : SE.00018 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Name of Federal Candidate Tom Cotton	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 2652.08 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

 10 / 23 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 48
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ C C00528307
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ACTIVE ENGAGEMENT [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350		Amount 333.33	
City LANSDOWN	State VA	Zip Code 20176	Transaction ID : SE.00019
Purpose of Expenditure 10/7/14 EMAIL COMMUNICATION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Joni Ernst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		6615.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ACTIVE ENGAGEMENT [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350		Amount 333.33	
City LANSDOWN	State VA	Zip Code 20176	Transaction ID : SE.00020
Purpose of Expenditure 10/7/14 EMAIL COMMUNICATION		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Terri Lynn Land		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		3222.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nadine Maenza

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Date

MM / DD / YYYY
10 / 23 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 48
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PATRIOT VOICES PAC		FEC IDENTIFICATION NUMBER ▼ C C00528307	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee ACTIVE ENGAGEMENT [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 07 2014	
Mailing Address 44084 RIVERSIDE PARKWAY SUITE 350		Amount 333.34	
City LANSDOWN	State VA	Zip Code 20176	Transaction ID : SE.00021
Purpose of Expenditure 10/7/14 EMAIL COMMUNICATION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Tom Cotton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		2652.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		10369.27	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Nadine Maenza		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 23 2014	